

1919 DIAGNOSTIC EVALUATION SERVICES

Chapter: **Services for Children, Youth and Families**

Section: **Community-Based Services**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **19-42**

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Approved:

Joseph E. Ribsam, Jr., DCYF Director

Related Statute(s): [RSA 126-A](#), [RSA 169-B](#), [RSA 169-C](#), [RSA 169-D](#), [RSA 170-G](#), [RSA 326-B](#), [RSA 329](#), and [RSA 330-A](#)
Related Admin Rule(s): [He-C 200](#), [He-C 6344](#), and [He-W 535](#)
Related Federal Regulation(s):

Related Form(s): **FORM 1869**
Bridges' Screen(s) and Attachment(s):

The Division for Children, Youth and Families is committed to the well-being of children and families. When uniquely challenging mental health or behavioral disorders are assessed in Child Protective or Juvenile Justice Service matters, the Division will work to utilize all available services, including Diagnostic Evaluation Services as needed, to ensure the client has timely access to resources and supports for treatment.

Purpose

This policy defines the purchased service specifications for Diagnostic Evaluation Services.

Definitions

"CPSW" or **"Child Protective Service Worker"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Child Protective Service Worker.

"DCYF" or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

"Diagnostic Evaluation" means psychological testing and/or psychosocial assessment to determine the nature and cause of a child and/or family's dysfunction including mental status, child development, family history, and recommendations for treatment.

"JPPO" or **"Juvenile Probation and Parole Officer"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Juvenile Probation and Parole Officer.

"Service Population" means, for the purpose of this policy, children age birth through 20 and their families who have mental health or behavioral health needs.

"Service Unit" means one (1) hour.

"Therapeutic Need" means either the specific skills needed to reduce a physical or mental disability, or specific behaviors that should be altered to restore the child/youth/family to their best functioning level.

Policy

- I. The CPSW/JPPO must obtain Supervisor approval prior to making a recommendation for Diagnostic Evaluation Services.

- II. The CPSW/JPPPO must authorize payment for Diagnostic Evaluation Services when ordered by the Court, or when a voluntary agreement between DCYF and the family has been approved by the CPSW/JPPPO.
 - A. Once the CPSW/JPPPO finalizes the arrangements with the provider, the CPSW/JPPPO notifies the Fiscal Specialist by Form 1869 via e-mail, note, or verbal notification.
 - B. If a provider is not certified, the CPSW/JPPPO shall:
 - 1. Send the provider a current list of certified rates for Diagnostic Evaluation Services as supplied by the Provider Relations Specialist; and
 - 2. If the provider accepts the certified rates, refer the provider to the District Office Supervisor for screening to become certified. See the [provider requirements and qualifications](#) in the Practice Guidance section below for further information on certifying providers.
- III. The CPSW/JPPPO must document the therapeutic need for services in the case record.
- IV. The CPSW/JPPPO must provide the following information to the provider upon referral:
 - A. The child/youth and family members' names and home address or other contact information;
 - B. Reasons for referral, including:
 - 1. A summary of the specific problems, symptoms and stresses, including the therapeutic need;
 - 2. Duration and intensity of problems;
 - 3. Causes or contributing factors;
 - 4. Family's attempts at resolution; and
 - 5. Previous evaluations, treatments, and outcomes, if known, and changes desired;
 - C. History of involvement with DCYF, including court and other legal history;
 - D. Social history including:
 - 1. Family of origin;
 - 2. Each family member's personal history, including physical and behavioral health; and
 - 3. Alcohol or substance use;
 - E. Type of evaluation and/or treatment requested and timeframes;
 - F. Specific areas to address; and

- G. Method of payment, including any private insurance, Medicaid, or Medicaid Managed Care Organization information.
- V. If a CPSW/JPPPO receives a written request to extend the service limit for a provider prior to the expiration of benefits, the CPSW/JPPPO must forward the request to be reviewed as follows:
 - A. The DCYF Bureau Chief of Field Services or designee to review for non-Medicaid eligible recipients; or
 - B. The Department of Health and Human Services' Medicaid Behavioral Health Authority to review for Medicaid eligible recipients.
- VI. The DCYF Bureau Chief of Field Services or designee, or Medicaid Behavioral Health Authority will review [requests made in compliance with He-C 6344](#) and notify the CPSW/JPPPO that they approve or deny the request, basing the decision on:
 - A. The medical necessity;
 - B. The clinical appropriateness of diagnosis and services requested;
 - C. The progress and outcomes of treatment to date;
 - D. The prognosis, including the likelihood of achieving anticipated outcomes in the future; and
 - E. The need and availability of other services.
- VII. The CPSW/JPPPO will notify the practitioner and recipient of the decision on the extension request, by mail within 25 business days, and authorization, if approved, is effective on the first day of the month in which the request is received.

Practice Guidance

What does a diagnostic evaluation and assessment include?

- A diagnostic evaluation and assessment shall include, but is not limited to the following:
 - Mental status exam;
 - Current developmental status;
 - Impact of trauma on current level of functioning;
 - Identifying strengths and risk factors;
 - Assessment of capacity for healthy attachment;
 - Any appropriate standardized psychological or neuropsychological tests; and
 - A detailed report submitted to the CPSW/JPPPO.

When is the Diagnostic Evaluation report due from providers?

- The Diagnostic Evaluation report must be submitted to the CPSW/JPPPO within 45 calendar days from the date of the referral for abuse, neglect, and CHINS cases, and within 30 calendar days from the date of referral for delinquency cases.

What are the service provision expectations for Diagnostic Evaluation Service providers?

- In order to meet payment and billing requirements, providers must comply with Administrative Rule He-C 6344, Certification Payment Standards for Community-Based Behavioral Health Service Providers. Relevant information from this Rule includes:
 - Services provided without a Service Authorization will not be paid by DCYF;

- The provider must use the Service Authorization as an invoice for services provided and submit the invoice to DCYF for payment;
- The provider must seek payment from other sources, such as private insurance, Medicaid, or Medicaid Managed Care before billing DCYF.
- No payment is allowed for bills received after one year from the date of service, pursuant to RSA 126-A:3 II;
- A provider cannot backdate billing to cover dates of service prior to certification.
- A provider cannot bill for cancelled appointments and appointments not kept.
- Providers must follow service limits for Medicaid recipients, as established by Medicaid, or no more than 12 visits per year for non-Medicaid eligible recipients;
- The provider must be available for court proceedings to provide testimony, if required by the Court or requested by the CPSW/JPPPO. Payments can be made, however providers will not be reimbursed for Diagnostic Evaluation Service units when testifying in court; and
- Providers may be reimbursed for travel with prior approval.

Is there specific information a Diagnostic Evaluation Services Provider needs to provide me in a written request to extend a service limit?

- A request to extend a service limit must follow the Administrative Rule He-C 6344, and be time-limited and based on the therapeutic needs of the recipient. Further, the request must be made in writing by the provider at least 30 days prior to the expiration of benefits and include:
 - Provider name, address, telephone number, and Medicaid provider number;
 - Recipient name, address, telephone number, and Medicaid identification number, if applicable;
 - History of mental illness, social problems, psychiatric hospitalizations, and previous mental health/substance abuse services, medications, and outcomes;
 - Diagnosis(es);
 - Presenting symptoms;
 - Functional impairments in areas of:
 - Activities of daily living;
 - Housing;
 - Social skills;
 - Educational or vocational activities;
 - Ability to concentrate and follow through with tasks;
 - Substance use/abuse; and
 - Ability to manage their health care including the symptoms of their mental illness;
 - Involvement of the recipient with other service and/or care providers;
 - For youth coded by the school district, a copy of the Individual Education Plan;
 - Results of services already provided;
 - Recipient's willingness and ability to comply;
 - Degree of risk of danger to self and/or others;
 - Service extension requested including type and amount;
 - Anticipated outcome of services requested;
 - Prognosis for recovery or the amelioration of symptoms so that illness can be managed within the service limit during the next State Fiscal Year following this request;
 - Any extenuating circumstances that should be considered before a determination to grant an extension is decided;
 - The signature and title of the practitioner making the request; and
 - The date of the request.

What are the requirements or qualifications a provider needs for certification?

- The provider for Diagnostic Evaluation Services must:
 - Have training and proficiency in the evaluation and treatment of:

- Behavioral Disorders;
- Child Psychiatry;
- Competency evaluation;
- Developmental evaluation;
- Domestic or Family Violence evaluation;
- Evaluation of dual diagnosis (i.e. Mental Health and Substance Use or Behavioral Health and Developmental Disabilities);
- Fire-Setting evaluation;
- Neuropsychiatric evaluation;
- Neuropsychological evaluation;
- Psychological evaluation;
- Psycho-sexual risk evaluation;
- Sexual abuse victim or perpetrator evaluation; or
- Forensic evaluation; and
- Have a license from any of the following commiserate with the practice area:
 - The NH Board of Mental Health Practice, pursuant to RSA 330-A, or licensed or certified in the state in which they practice;
 - The NH Board of Medicine, pursuant to RSA 329, or licensed or certified in the state in which they practice;
 - The NH Board of Psychology, pursuant to RSA 329-B, or licensed or certified in the state in which they practice; or
 - Be licensed in accordance with RSA 326-B:11, as an Advance Practice Registered Nurse (APRN).
- Applicant providers must follow the guidelines established by Administrative Rule He-C 6344 Certification Payment Standards for Community-Based Behavioral Health Service Providers.
- CPSW/JPOs may refer providers meeting the qualifications above, who are not currently certified, to their Supervisor to begin the certification process:
 - Supervisors shall determine and approve the need for the provider;
 - The provider must accept the certified rate; and
 - If the provider is approved, Supervisors shall work in conjunction with the Community and Family Support Program Specialist to facilitate the application process.

What are the Service Rates and Code for this Service?

- Program rates are identified in policy 2700.
- The Service Code is DE.